

FORM A

Georgia Division of Family and Children's Services – Office of Prevention
and Family Support

Second Step Program – Application Face Sheet

SECTION 1: SCHOOL DISTRICT OR APPLICANT AGENCY (for contracting purposes)

Applicant School District or Applicant Agency (Legal Name): _____

Legal Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Federal Employer I.D. #: _____ DUNS #: _____ Congressional District #: _____

Check One: ☐ Government Agency ☐ Non-Profit Agency

A. Superintendent or Executive Officer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 2: FISCAL AGENT (if not the applicant agency)

Applicant's Fiscal Agent (Legal Name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Federal Employer I.D. #: _____ DUNS #: _____

Check One: ☐ Government Agency ☐ Non-Profit Agency

SECTION 3: FISCAL CONTACT

A. Fiscal Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 4: PROGRAM CONTACT (if position is vacant, list interim program contact)

A. Program Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

SECTION 5: CONTRACT AMOUNT REQUESTED: \$_____

SECTION 6: AUTHORIZING SIGNATURES

I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – OPFS Statement of Need and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.

APPLICANT AGENCY:**FISCAL AGENT (if not applicant agency)**_____
Signature, Superintendent or Executive Officer

Date

Date_____
Signature, Executive Officer_____
Title_____
Title**SECTION 7: APPLICANT AGENCY FISCAL INFORMATION**

1. Month of fiscal year end of the fiscal agent: _____
2. Attach to the application, the fiscal agent's financial statements as required by SoN.
3. Is fiscal agent delinquent on any federal debt? NO ☐ YES ☐ If yes, attach a detailed explanation.
4. Is applicant agency: Public Government Entity ☐ OR Non-Profit 501(c)(3) Entity: ☐
If applicant agency is a non-profit entity attach to application, a copy of the 501(c) (3) non-profit letter issued by IRS.
5. Did fiscal agent receive 80 percent or more of its annual gross revenue in federal awards in the preceding fiscal year; and \$25,000,000 or more in annual gross revenue from federal awards and in doing so is required to comply with "Federal Funding Accountability and Transparency Act"?

CHECK ONE: NO ☐ YES ☐ If yes, attach names and total compensation of the five most highly compensated officers

SECTION 8: TARGET IMPLEMENTATION

1. Check any or all that apply to this application: ☐ System Wide Implementation in All Grades ☐ Multiple School Implementation in All Grades ☐ Single School Implementation in All Grades ☐ System Wide Implementation in One or More Grades ☐ Multiple School Implementation in One or More Grades ☐ Single School Implementation in One or More grades ☐ Implementation in Head Start Program or PreK ☐ Implementation in After School Program
2. Grade Level(s) in which Second Step and Child Protection Unit (grades Pre-K-5 only) will be Implemented ☐ PreK ☐ Kindergarten ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
3. Implementation of Bullying Prevention Unit?: ☐ Yes ☐ No
4. Grade Level(s) in which Bullying Prevention Unit will be implemented: ☐ Kindergarten ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. Total Number of youth to be served: _____
6. Total Number of classrooms served: _____

SECTION 9: SERVICE DELIVERY AREA

1. Schools to be served: _____
2. List counties to be served: _____
3. Georgia Congressional District(s) to be served: _____

APPLICATION FACE SHEET- INSTRUCTIONS

GENERAL INSTRUCTIONS: Tab or use arrow keys to move between entries. Do not hit enter. To check boxes: double click box, then select "Default Value", then select "Checked".

SECTION 1: SCHOOL DISTRICT OR APPLICANT AGENCY

1. Enter legal name, address, federal employer identification number, and DUNS number.
2. Enter the number of the congressional district for the city/county of the fiscal agent.
3. Enter contact information as indicated for the Superintendent or Executive Officer.

SECTION 2: FISCAL AGENCY (for contacting purposes)

Complete this section for entity (fiscal agent) that will manage contract funds and will be entering into contract with DFCS - OPFS, if awarded a contract. Enter legal name, address, federal employer identification number, and DUNS number for the fiscal agent.

SECTION 3: FISCAL CONTACT

Complete this section to provide the contact person for financial reporting purposes. For entities that have a fiscal agent, this section should be completed to indicate the fiscal agent's financial contact person. For non-profit entities, enter the contact information for individual that manages the financial accounts for the applicant agency.

SECTION 4: PROGRAM CONTACT

The program contact will be the single point of contact for all aspects of the contract. If the program contact is not known at time of application, enter contact information of interim person responsible for implementing program.

SECTION 5: CONTRACT AMOUNT REQUESTED Using whole dollars enter the total contract amount requested for program.

SECTION 6: AUTHORIZING SIGNATURES

The application face sheet must be signed in **BLUE INK** by the Superintendent or Executive Officer who has the legal authority to enter into contractual agreements on behalf of the applicant agency and on behalf of the fiscal agent (if applicant has a fiscal agent).

SECTION 7: APPLICANT AGENT FISCAL INFORMATION: This section applies to entity that will manage the contracts and will be entering into contract with DFCS - OPFS.

1. Enter the month of the fiscal year end for the fiscal agent.
2. Attach to the application, a copy of fiscal agent's financial statements as required by RFP. If applicant agency is a non-profit entity attach to the application, a copy of the 501(c) (3) non-profit letter issued by the Internal Revenue Service.
3. Check one box to indicate if the fiscal agent is delinquent on any federal debt. If the agency is delinquent on federal debt, attach to the application the following: Federal Agency and Program, CFDA number, Federal contact person's name, email, and explanation.
4. Check one box to indicate if the fiscal agent is a public government entity OR non-profit 501(c) (3) entity.
5. Check yes if applicant agency receives 80 percent or more of its annual gross revenue in Federal awards in its preceding fiscal year; and \$25,000,000 or more in annual gross revenue from Federal awards. If checking yes, the fiscal agent is required to comply with "Federal Funding Accountability and Transparency Act" by attaching to the application, the names and total compensation of the five most highly compensated officers of the applicant agency.

SECTION 8: TARGET IMPLEMENTATION

Check all the boxes that apply to this application. Complete this section to project the number of youth to be served as well as the number of classrooms to be served by this program.

SECTION 9: SERVICE DELIVERY AREA

Identify the number of schools to be served. 1)List other counties in service area; 2) Congressional district for the primary county to be served.